Name in Full Mary J. Barnhouse

Certificate of Death

Died at Town Ellerslie County Alleghany MARYLAND

Date 1899 Month 1 Day 30 | Age Y. 82 M. 11 D. 9 | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widowed~~ Number of children living 1

~~Husband~~ of Wife Jacob Barnhouse

Father's Name Mother's Name

Cause of Death: Primary | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by Independent 1-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Methodist Church, Ellerslie.
Rose Hill Cemetery, Cumberland.

Name in Full Robert Brown

Certificate of Death

Died at Town Sonaconing County Allegany MARYLAND

Date 1899 Month Jan Day 22 Age Y. 2 M. 6 D. — Native of Sonaconing Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Brown

Mother's Name Mary Wilkie

Cause of Death Primary Bronchitis 69

Immediate Cerebral Meningitis

How long sick 10 Days

Accident, Suicide, Homicide

Reported by James O. Bullock M.D.

Address Sonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Infant Brady

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: Jan Day: 31 | Age Y. — M. — D. 12 | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Jno Patrick Brady

Mother's Name: Annie Brodsrick

Cause of Death: Primary: Premature birth

Immediate: Ictorus 138a

How long sick: 12 days

~~Accident, Suicide, Homicide~~

Reported by: W B Skilling M.D.

Address: Lonaconing, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Eliza Browning

Certificate of Death

Died at Flintstone Town, Allegany County, MARYLAND

Date 189 9 Month 1 Day 14 | Age Y. 55 M. D. | Native of | Occupation Farmer

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband of Wife

Father's Name Levis Browning

Mother's Name

Cause of Death: Primary — Dropsy — 15 Da — How long sick

Cause of Death: Immediate — Accident, Suicide, Homicide

Reported by Independent Cumberland

Address 1-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73708

Name in Full

Certificate of Death

Edward Burns

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: Jan. Day: 1

Age Y. 0 M. 0 D. 1

Native of: City

Occupation: ——

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower Divorced ——

Number of children living none

Husband of Wife ——

Father's Name 138 N

Mother's Name Elizabeth Burns

Cause of Death: Primary: Premature Birth & mos

How long sick: one day

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. G. Gamm M.D.

Address Cor Liberty & Harrison St. City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geo H. Burns

Certificate of Death

Died at Town Marley Mills County Acc MARYLAND

Date 189 9 Month Jan Day 8 Age Y. 74 M. D. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 6

Husband of Wife Rachel Burns

Father's Name X Mother's Name X 25a

Cause of Death Primary Cancer of lower

Immediate lip to right of median line

How long sick one year

Accident, Suicide, Homicide

Reported by Jas Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65868

4-4

P.C.I 6-8

Name In Full

Mrs. Diana Byrnes

Certificate of Death

Died at Town: Midland County: Allegany MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	1	29	Age 5-0			

~~Male~~ Female | White | Colored | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Patrick Byrnes

Father's Name

Mother's Name

Cause of Death	Primary	How long sick
	Immediate 161	Accident, Suicide, Homicide

Reported by Star 2-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75P18

Rev. Father Satori of St. Joseph's
Church.
St. Joseph's cemetery.

Name in Full: Caroline Capen

Certificate of Death

Died at Town: Cumberland County: Allegany MARYLAND

Date 1891 Month: Jan Day: 5 | Age Y. 70 M. D. | Native of | Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name 22 a

Cause of Death: Primary Consumption | How long sick 20 years

Immediate | Accident, Suicide, Homicide

Reported by Geo. H. Carpenter

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mary Carey

Certificate of Death

Died at Town Westernport County Allegany MARYLAND

Date 189 Month 1 Day 10 Age Y. 73 M. D. Native of Ireland Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Divorced~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Jas. Carey

Father's Name Mother's Name

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Star 1-19,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Mary J Cunningham

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month June Day 4 | Age Y. 68 M. D. | Native of Md | Occupation Home

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single . | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary La Grippe 9 | Immediate

How long sick 5 days

Accident, Suicide, Homicide

Reported by Hunt & Company

Address Cumb, 17 N Liberty

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Dawson

Certificate of Death

Died at Town Ridland County Allegany MARYLAND

Date 189 9 Month / Day 23 Age Y. M. D. Native of / Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Lar. Dawson Mother's Name

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Star 2-2.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79P0B

Name In Full Mrs. Annie Evans

Certificate of Death

Died at Town Mt. Savage County Allegany MARYLAND

Date 189 Month / Day 30 | Age Y. 32 M. D. | Native of England | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced | Number of children living 1

~~Husband~~ Wife of Thos. Evans

Father's Name Thos. Barnett. Mother's Name

Cause of Death: Primary Complications of Diseases | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Stab 2-2.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Allegany Cemetery, Frostburg.

Name in Full Margaret Fier

Certificate of Death

Died at Town Barton County Allegany MARYLAND

Date 1899 Month Jan. Day 12 Age Y. M. D. 8 Native of — Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Henry Fier

Mother's Name Annie Ferrens

Cause of Death Primary Premature birth

Immediate —

138

How long sick 8 days

Accident, Suicide, Homicide

Reported by S. A. Boucher, M. D.

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full — Flannagan

Certificate of Death

Died at Town Midland County Allegany MARYLAND

Date 189 Month Day 23 | Age Y. M. D. | Native of | Occupation

Male White ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name — Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Star 2.2.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Name in Full Mary Jane Footen

Certificate of Death

Died at Town Barton County Alley MARYLAND

Date 1899 Month Jan. Day 12 Age Y. 38 M. — D. — Native of Md. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8.

~~Husband~~ Wife of James Footen

Father's Name Pat Malloy Mother's Name Bridget Barry

Cause of Death Primary Pulmonary Tuberculosis How long sick 1 year

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by T. L. Conroy M.D.

Address Barton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Alice Hager

Certificate of Death

Died at Town near Hagerstown County Allghany MARYLAND

Date 1899 Month 1 Day 4 Age Y. 24 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

161

Father's Name D. S. Hager

Mother's Name

Cause of Death

Primary Choked to death by enlarging of jaw bone.

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Independent 1-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mrs. Daniel Hartnett

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month Jan. Day 16 Age Y. 80 M. 5 D. 1 Native of Ireland Occupation Wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Daniel Hartnett

Father's Name Dorn Mother's Name Dorn

Cause of Death Primary La Grippe 9 How long sick 3 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full John C. Inskeep

Certificate of Death

Died at Town Allegham County MARYLAND

Date 1899 Month Jany Day 21 Age Y. 46 M. 6 D. 1 Native of Maryland Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death { Primary Pneumonia 72 How long sick 7 days

Immediate Accident, Suicide, Homicide

Reported by C. S. Hoffman.

Address Kipsin Wva

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Cora Louisa Knoyer

Died at Town Frostburg County Allegany MARYLAND

Date 1899 Month Jan Day 20 Age Y. 1 M. 6 D. 5 Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Knoyer

Mother's Name Louisa Knoyer

Cause of Death

Primary Bronchitis 71

Immediate Broncho-pneumonia

How long sick One week

~~Accident, Suicide, Homicide~~

Reported by J. C. Cobey

Address Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Elijah Loar

Died at Town: Vale Summit — County: Allegany — MARYLAND

Date 1899 — Month: 1 — Day: 30 — Age: Y. 67 M. D. — Native of — Occupation

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 7

Husband of
Wife

Father's Name

Mother's Name 81

Cause of Death — Primary: Stomach trouble. — How long sick

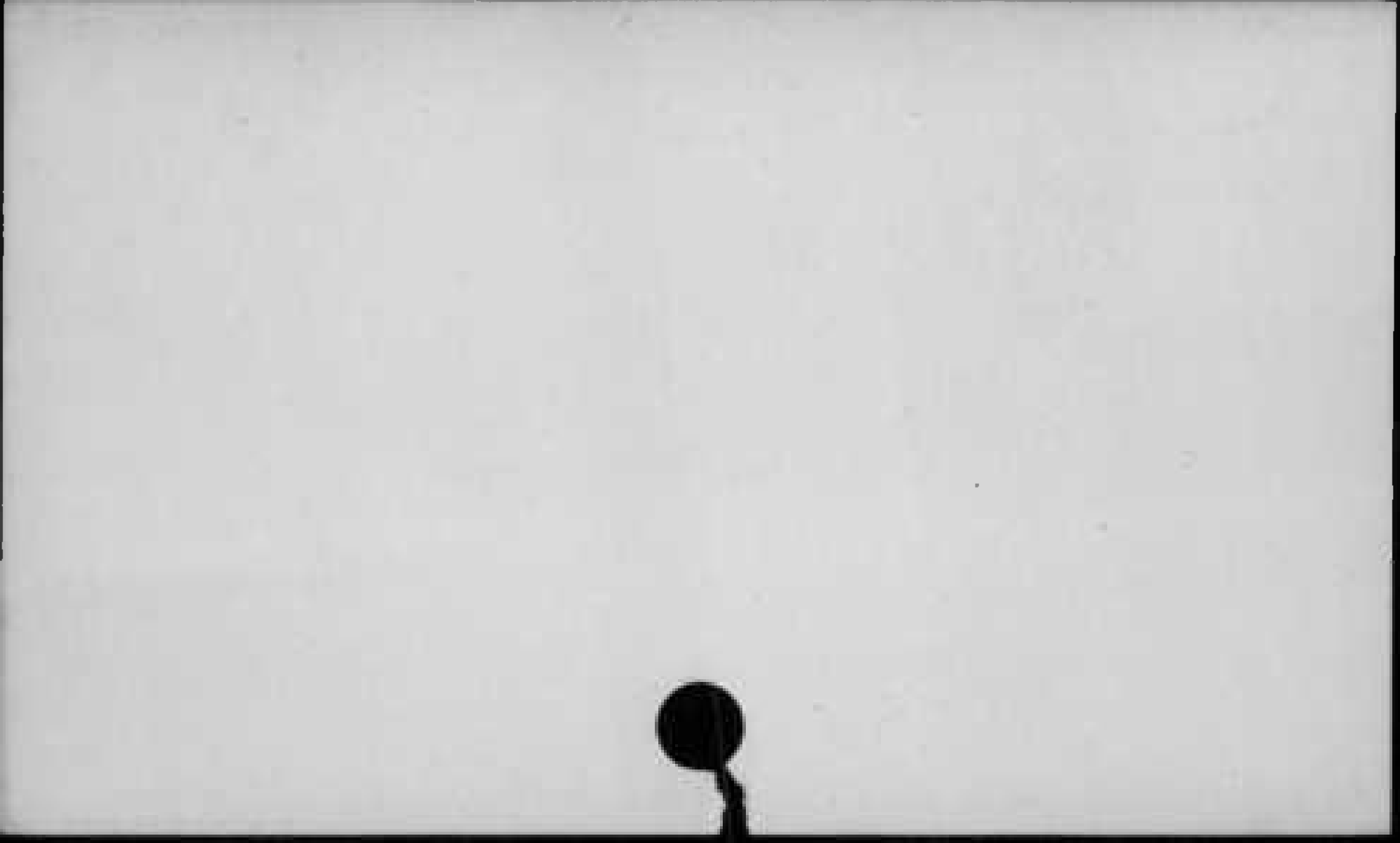
Immediate — Accident, Suicide, Homicide

Reported by Undefendent 1-30

Address Buried 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full Ellen M'Cutcheon — Certificate of Death

Died at Town Baston County Talbot MARYLAND

Date 189 9 Month 1 Day 4 | Age Y. 82 M. D. | Native of England | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name — Minnis | Mother's Name

Cause of Death — Primary: 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Star 1-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Rev. Oscar H. Zeigler.

Laurel Hill Cemetery.

Name in Full | Certificate of Death

Conda Mahaney

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 Month: Jan Day: 11 Age Y. M. D.: 9 Native of: City Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Geo Mahaney Mother's Name: Mrs Geo Mahaney

Cause of Death: Primary: Tuberculosis 22 E How long sick: 2 Days

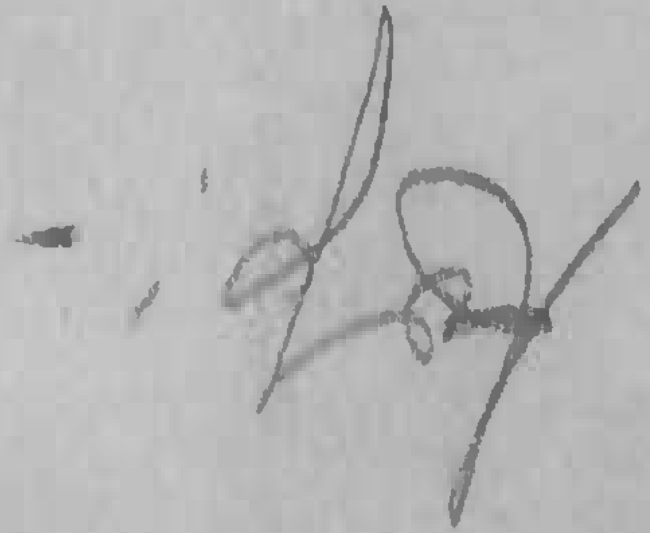
Immediate: Convulsions ~~Accident, Suicide, Homicide~~

Reported by: Geo L. Broadrup M.D.

Address: 100 Va Ave City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]



Name in Full — Certificate of Death

Martin

Died at — Town: Frostburg — County: Allegany — MARYLAND

Date 189 — Month: Jany — Day: 14 — Age: Y. 7 M. D. — Native of: Md — Occupation: —

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — Divorced ~~Number of children living~~

Husband / Wife of

Father's Name: Isaac Martin

Mother's Name: Miss Arthur

Cause of Death — Primary: Bronchitis 72 — How long sick: 5 weeks

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by: A B Price

Address: Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full: Mary Ramsey Micklethwait

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: Jany Day: 9. Age Y. 60, M. 5, D. 25. Native of: England Occupation: Wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Walter Micklethwaite

Father's Name: George Ramsey Mother's Name: Betty Ramsey

Cause of Death: Primary: Pneumonia 72 How long sick: 6 week

Immediate: La Grippe & heart failure ~~Accident, Suicide, Homicide~~

Reported by J. D. Skilling M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name In Full — Certificate of Death

Isa. B. Miller

Died at Town Westernport County Allegany. MARYLAND

Date 189 9 Month 1 Day 21 | Age Y. 43 M. D. | Nativa of | Occupation doctor

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Mary Stewart

Father's Name Henry Miller | Mother's Nama Mary J.

Cause of Death • Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mining Journal 1-28.

Address

Must be signed by physician, if any in attendance, otherwisa by coronar, undertaker or minister.

LIBRARY BUREAU, 70898

Buried at St. John's M. E. Church, South,
Piedmont S. C.
Rev. Dr. A. Ballenger, Pastor.

Name in Full — Certificate of Death

Elizabeth N. Steff.

Died at Town: Parlow — County: Alleg — MARYLAND

Date 1899 — Month: Jan — Day: 12 — Age: Y. 89 M. — D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widowed~~ — Number of children living: None

~~Husband~~ / Wife of: William Steff

Father's Name: Henry Shaw — Mother's Name: ———

Cause of Death — Primary: Erysipelas and Grippe — Immediate: 125 — How long sick: 9 days.

~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by: S. L. Conroy M.D.

Address: Parlow Alleg Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55966

Name in Full: Mary A. Nixon

Certificate of Death

Died at: Town: Insane Asylum County: Allegany MARYLAND

Date 189 9 Month: Jan Day: 12 Age Y. 31 M. — D. Native of: Md Occupation: None

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of — —

Father's Name — Mother's Name — 161

Cause of Death: Primary: Found dead in bed — How long sick: 8 yrs

Immediate: not known — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: O H Brace M D

Address: Cumber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geneva Jeneve Pendergast — Certificate of Death

Died at Town So Cumberland County allegheny MARYLAND

Date 189 Month Jan Day 22 Age Y. X M. 2 D. 6 Native of md Occupation child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of previous marriages~~

Husband / Wife of X

Father's Name J. J. Pendergast Mother's Name

Cause of Death { Primary Catarrhal Pneumonia How long sick 10 days

Immediate 71 Accident, Suicide, Homicide

Reported by C. A. Hoffman.

Address Keyser W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Mrs. J. Pennant Pennant

Certificate of Death

Died at Town Pekin County Allegany MARYLAND

Date 1899 Month Jan Day 8 Age Y. 70 M. D. Native of Scotland Occupation none

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Five

~~Husband~~ Wife of Mrs Pennant, deceased

Father's Name Robert Lightbody Mother's Name Jennet Miller

Cause of Death Primary Chronic Asthma How long sick One month

Immediate Lagrippe, 9 ~~Accident, Suicide, Homicide~~

Reported by W. D. Killing M.D.

Address Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Harriet Maria Porter

Died at Town: Frostburg County: Allegany MARYLAND

Date 1899 Month: 1 Day: 19

Age Y.: 74 M.: 2 D.:

Native of: Virg

Occupation:

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Thos M. Porter

Mother's Name: Anne E Porter

Cause of Death — Primary: Pneumonia 44 How long sick:

Immediate: Marasmus

~~Accident, Suicide, Homicide~~

Reported by: A. F. Price

Address: Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mary Preston

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 1899 Month Jan Day 11. Age Y. 23 M. D. Native of Maryland Occupation Domestic

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Wm L Preston

Father's Name Unknown Mother's Name

1450

Cause of Death ~~Primary~~ How long sick

Immediate Bullet Wound ~~Accident~~, Suicide, Homicide

Reported by Daniel J Williams Acting Coroner

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Undertaker

C. F. Nickel

Frostburg

Md.

Name In Full — William L. Preston — Cartificata of Daath

Dled at Town: Frostburg — County: Allegany — MARYLAND

Date 189 9 — Month: 1 - Day: 12 — Aga: Y. 28 M. D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 1

~~Husband~~ Wife of Mollie Preston

Father's Nama — Mothar's Name 142 E

Cause of Death — Primary: Gunshot Wound — Immadiata — How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reportad by Mining Journal Frostburg

Address 1-14

Must ba signed by physician, if any in attendance, otharwisa by coronar, undartaker or minister.

LIBRARY BUREAU, 7[illegible]8

Justice D. L. Williams 4-4

Name in Full

Certificate of Death

Mrs Sophia Rose

Died at Town: So. Cumberland County: Allegany MARYLAND

Date 1897 Month: Jan Day: 12 Age Y. 64 M. D. Native of: Co. Occupation: H

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living [illegible]

Husband / Wife of

Father's Name Mother's Name

Cause of Death: Primary: Lagrippe + 9 How long sick

Immediate: Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Pa Ave City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full Mrs. Patrick Sherry

Certificate of Death

Died at Mt. Savage Town County Allegany MARYLAND

Date 189 4 Month 1 Day 14 Age Y. 50 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier Cumberland

Address 1-24

Must be signed by physician, if any In attendance, otherw[redacted] coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full

Certificate of Death

Annie Barbara Schoffer

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month January Day 18 Age Y. 39 M. 7 D. 18 Native of Maryland Occupation wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of Henry Schoffer

Father's Name John Powell Mother's Name Margaret Powell

Cause of Death: Primary Paralysis How long sick Six years

Immediate Griffe 9 ~~Accident, Suicide, Homicide~~

Reported by J Howard Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Thomas Walters

Certificate of Death

Died at: Town: Alms House; County: Allegany; MARYLAND

Date 189 9 Month: Jan Day: 27 | Age: Y. 77 M. — D. — | Native of: Wales | Occupation: Iron Moler

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living: 0

Husband / Wife of: —

Father's Name: —

Mother's Name: 141

Cause of Death: Primary: Senile decay; Immediate: Exhaustion

How long sick: 1 mo

Accident, Suicide, Homicide

Reported by: C H Brace

Address: Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Jane Warnick

Died at Town Barton County Allegany MARYLAND

Date 1899 Month Jan Day 30 Age Y. 28 M. 6 D. 20 Native of Barton Occupation Servant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Wm Warnick

Mother's Name Susan Dawson

Cause of Death Primary Sarcoma Fleg 25g

Immediate Convulsion

How long sick Several years

~~Accident, Suicide, Homicide~~

Reported by S. H. Boucher M.D.

Address Barton Allegany Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65969

Name in Full | Certificate of Death

Mary A Weiland

Died at Town: Cumberland County: Allegany MARYLAND

Date 1899 Month: January Day: 21 Age Y.: 88 M.: 4 D.: 3 Native of: Germany Occupation: Widow

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of Philip Weiland

Father's Name | Mother's Name

Cause of Death: Primary Old age 141 | How long sick 20 days

Immediate Grippe | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J Jones Wilson

Address Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Gilbert Stilson

Certificate of Death

Died at Town Oldtown County Allegany. MARYLAND

Date 189 9 Month / Day 25. | Age Y. 18 M. D. | Native of // | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Geo. Stilson

Mother's Name

Cause of Death: Primary Consumption 2 2 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mrs Mary Wilson,

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: Jan Day: 24 Age Y. 29 M. — D. — Native of: Maryland Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living: Six

~~Husband~~ Wife of: William Wilson,

Father's Name: John F. Metz Mother's Name: Rebecca Lesse,

Cause of Death: Primary: Puerperal Septicaemia 119a How long sick: 11 days

Immediate: Hepatic Abscess, ~~Accident Suicide Homicide~~

Reported by: W. H. Skilling

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988